

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023245

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 159Primary Registration District No. 1002Registrar's No. 3200

3200

FILED JUL 6 1962

VS 300
Rev. 4/59

DATE AMENDED

6-19-62

6-19-62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Helen M. McMenamin

McMenamin

DOCUMENT

BY AFFIDAVIT OF Funeral Home Secy.

MEDICAL CERTIFICATION

Moss

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b Life		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6035 HARRISON STREET		d. STREET ADDRESS (If outside, give location) 6035 HARRISON STREET	
3. NAME OF DECEASED (Type or print) First RICHARD Middle McMENAMIN Last McMENAMIN		4. DATE OF DEATH Month JUNE Day 15 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/13/86
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 75 Days 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Vice-Pres.		10b. KIND OF BUSINESS OR INDUSTRY Foley Heating & Plumbing Co.	
11. BIRTHPLACE (City and state or country) Kansas City, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME McMenamin		13b. MOTHER'S MAIDEN NAME HARRIETT SIVEWRIGHT	
14. NAME OF HUSBAND OR WIFE Hildred McMenamin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 6035 HARRISON ST		17. INFORMANT HELEN MARGARET BECKER-KANSAS CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cordine Arystolle Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Heart Block bundle branch DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Immediate Several yrs. Several yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:30 a.m. A. Month, Day, Year 1948	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 6/18/62		
21. I attended the deceased from 1948 to 1962 and last saw her alive on 6/18/62		Death occurred at 6:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paul Moss		22b. ADDRESS 4706 Broadway	
22c. DATE SIGNED 6/18/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/18/62		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
23d. LOCATION (City, town, county) Kansas City, Missouri		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	
25. DATE RECD. BY LOCAL REG. 6-18-62		26. REGISTRAR'S SIGNATURE Ruth H. Long	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No.

4913

P. O. Address

Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.